



SPORT: _____ LEAGUE: _____

TOWN OF BUCKEYE

ADULT TEAM REGISTRATION, ROSTER AND WAIVER OF LIABILITY FORM

ALL INFORMATION MUST BE COMPLETE BEFORE PLAYERS CAN REGISTER!

Team Name	Sport	Year	Season
Managers Name	Address		
City	Zip	Phone (Home)	(Work)
Assistant Manager	Phone (Home)	(Work)	

Waiver of Liability

I/we hereby release and forever discharge the Town of Buckeye, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a Town of Buckeye Recreation Program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the Town of Buckeye or its officers, employees, or agents.

ROSTER – ALL PLAYERS MUST BE AT LEAST 18 YEARS OLD AT THE TIME OF REGISTRATION

Player Names (Print)	Address	City	Zip	Home Phone	Player Signature	Date Signed
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						

As Team Manager, I verify that names, addresses, and phone numbers are correct. I understand that we must uphold the rules and regulations of the Town of Buckeye Community Services Department and will be responsible for any damages and cleanup necessary. I understand each participant involved in sporting events, plays at his/her own risk and is responsible for his/her own health insurance coverage.

Managers Signature _____

Date _____

WHITE: Office YELLOW: League Director PINK: Team Manager / Amount Paid: